



Welcome To TRICARE University



Course Overview

- This is an online version of TRICARE Reserve Select and TRICARE Retired Reserve content offered in the National Guard/Reserve module of the TRICARE Fundamentals Course
- This short course was developed by curriculum developers and trainers located at the Communications and Customer Service Directorate of the TRICARE Management Activity in Falls Church, VA
- There are no prerequisites for the course, however it is tailored to MHS support staff with less than three years of TRICARE experience



Module Objectives

After this module, you should be able to:

- **Describe TRICARE Reserve Select (TRS) and the eligibility requirements for coverage**
- **Explain how service members can transition from other types of TRICARE coverage to TRS**
- **Define TRICARE Retired Reserve (TRR) and the eligibility requirements for coverage**
- **Distinguish between TRS and TRR**



TRICARE Reserve Select

- TRICARE Reserve Select (TRS) is a premium-based health plan available for purchase world-wide by qualified members of the Selected Reserve for themselves and their eligible family members.
- TRS delivers the TRICARE Standard/Extra benefit to all covered individuals.
- The Guard/Reserve Components include:
 - Army National Guard
 - Army Reserve
 - Navy Reserve
 - Marine Corps Reserve
 - Air National Guard
 - Air Force Reserve
 - U.S. Coast Guard Reserve



Note: All Selected Reservists are in an active status, yet not on active duty.



Qualifying for Coverage

- Each Guard/Reserve Component is responsible for validating qualified members and recording it in DEERS
- The Guard/Reserve member must meet **both** of the following conditions to qualify to purchase TRS coverage:
 - Must be in the Selected Reserve of the Ready Reserve throughout the entire period of coverage
 - Must not be enrolled, or eligible to enroll in the Federal Employees Health Benefits (FEHB) Program



Qualifying for Coverage (continued)

- To qualify for and to purchase coverage, members should:
 - Log on to the DMDC Reserve Component Purchased TRICARE Application and follow the instructions to qualify (DoD Self-Service Logon, DFAS *myPay* login, or CAC is required)
 - <https://www.dmdc.osd.mil/appj/reservetricare>
 - If qualified, members should:
 - Print the Reserve Component Health Coverage Request form (DD Form 2896-1)
 - Complete the request form, sign it and submit it to the regional/overseas contractor along with the appropriate initial premium payment



Purchasing Coverage

- TRS offers two types of coverage:
 - TRS member-only coverage
 - TRS member and family coverage
- The effective date of TRS coverage varies based on how and when the benefit is purchased



General Enrollment

- The Selected Reserve member may purchase TRS coverage to begin in any month of the year
- The application form must be postmarked or received no later than the last day of the month before coverage is to begin
- Coverage begins on the first day of the first or second month (*whichever is selected on the form*)



Loss of Other TRICARE Coverage

- If the Selected Reserve member loses coverage under another TRICARE health care plan and qualifies for TRS, they may purchase TRS with no break in coverage
- This is particularly relevant for a previous TRS member who was activated, and deactivated and TAMP coverage is ending
- The application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage
- TRS coverage begins on the day after loss of prior TRICARE coverage



Change in Family Composition

- If the composition of the sponsor's immediate family changes (e.g., *marriage, birth, adoption, death*), they may purchase TRS coverage
- The application form must be postmarked or received no later than 60 days after date of the change
- TRS coverage date coincides with the date of change



Survivor Coverage

- If TRS coverage is in effect when the sponsor (i.e., TRS member) passes away, qualified survivors may purchase or continue TRS coverage **for up to six months** beyond the date of the sponsor's death
- If TRS member-and-family coverage is in effect at the time of death:
 - DEERS will automatically convert TRS member-and-family coverage to TRS survivor coverage
 - If survivors do not want TRS survivor coverage, a written letter or a *Reserve Component Health Coverage Request* form (DD Form 2896-1)
 - Must be postmarked or received no later than 60 days after the date of the sponsor's death
 - Premiums will be refunded if there have been no claims for health care submitted during this 60-day period



Survivor Coverage (continued)

- If TRS member-only coverage is in effect at the time of death:
 - Eligible survivors may qualify to purchase TRS survivor coverage
 - If the survivor wants coverage to coincide with the date of the sponsor's death, see "Change in Family Composition"
 - Surviving family members who are eligible for (in their own right) or enrolled in the FEHB program may still purchase TRS
- Survivors are not excluded from TRS coverage if they are enrolled, or eligible to enroll, in the Federal Employees Health Benefits (FEHB) Program



Accessing Care

- The TRS member can access care from any network or non-network TRICARE-authorized provider, hospital, or pharmacy from the date coverage begins
- TRS members may access care at a military treatment facility on a space-available basis
- TRS coverage is similar to TRICARE Standard and TRICARE Extra or TRICARE Overseas Program (TOP) Standard
- TRS is available overseas
 - The TOP contractor handles overseas TRS enrollment, collects premium payments, billing, and customer support services
 - TRICARE Area Offices can also provide information about accessing health care in overseas locations



TRS Costs

- TRICARE Standard and Extra cost-shares, deductibles, and catastrophic caps that apply to active duty family members apply to all individuals (including Guard/Reserve members) covered under TRS
- Premiums are adjusted on an annual basis, effective January 1

Type of Coverage	Enrollment Year 2011 Jan 1, 2011 - Dec 31, 2011
TRS Member-only premium	\$53.16 per month
TRS Member-and-Family premium	\$197.76 per month

Annual Deductibles:

Sponsor	Fiscal Year Deductible for an Individual	Fiscal Year Deductible for a Family
National Guard/Reserve member; rank E-1 to E-4	\$50	\$100
National Guard/Reserve member; rank is E-5 and above	\$150	\$300



TRICARE



TRS Costs (continued)

Inpatient Costs:

Civilian Inpatient Cost Share	\$16.85 per day or \$25 per admission, whichever is greater; no charge for separately billed professional services
Civilian Inpatient Mental Health	\$20 per day or \$25 per admission, whichever is greater

Catastrophic Cap:

- The maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies

Catastrophic Cap	\$1,000 per family per fiscal year (Oct. 1–Sept. 30)
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Disenrollment

Voluntary Disenrollment

- TRS members/families must take the following action to end coverage:
 - Log on to the DMDC Reserve Component Purchased TRICARE Application at:
www.dmdc.osd.mil/appj/reservetricare
 - Complete the Reserve Component Health Coverage Request Form
 - Print and mail the completed request form to the regional/overseas contractor
- A one year TRS purchase lockout will apply to members



Disenrollment (continued)

Loss of TRS coverage

- TRS members/families lose eligibility when the sponsor:

- Leaves the Selected Reserve
- Is called to active duty
- Retires
- Becomes eligible for Federal Employees Health Benefits (FEHB)

Program coverage in their own right or becomes eligible for FEHB

Program coverage under their spouse's family plan

- When TRS sponsors become eligible for FEHB Program

coverage, they will be allowed to continue their TRS coverage

for a period up to 45 days, allowing them time



Disenrollment (continued)

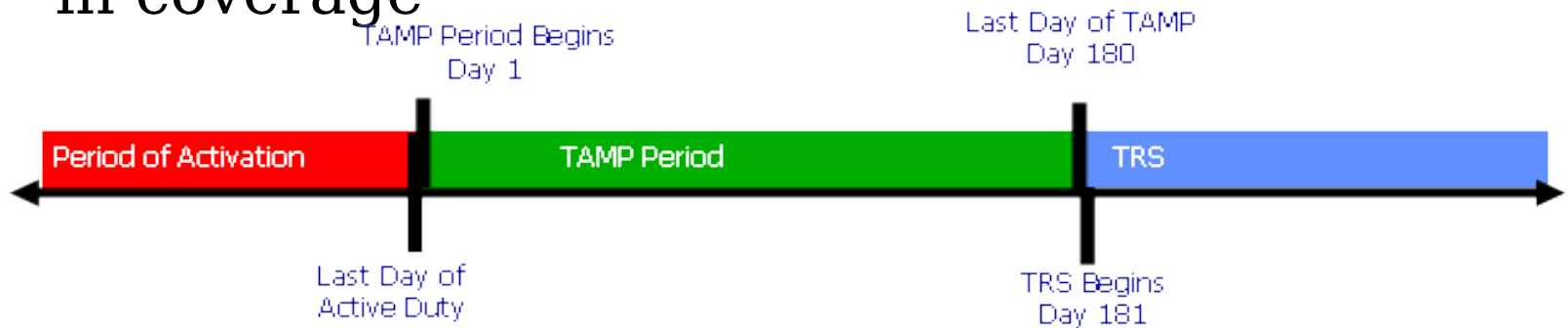
Failure to make payments

- Failure to pay monthly premiums results in termination of coverage
 - The effective date of termination is the paid-through date
 - The regional/overseas contractor terminates coverage if the monthly premium payment is not received by the 30th calendar day following the monthly premium due date
- A TRS purchase lockout applies to the Guard/Reserve member and/or family members for 12 months



Transitioning from TAMP to TRS

- TRS coverage begins on the first day after TAMP coverage ends
- Members may submit the Reserve Component Health Coverage Request Form up to 60 days before the end of TAMP for TRS coverage to begin the day after TAMP ends without a break in coverage



Transitioning from TRICARE Prime and TAMP to TRS

- The TRICARE Prime/Prime Remote benefit ends on the last day of the TAMP period for members/families enrolled in Prime
 - If the member/family was enrolled in TRICARE Prime at a military treatment facility (MTF) the member may be able to continue to see their former MTF PCM, but only on a space-available basis since TRICARE Prime enrollment to an MTF PCM is not available under TRS



▪ If their former Primary Care Manager (PCM) was a



Transitioning from TRICARE Standard and TAMP to TRS

- National Guard/Reserve members who used TRICARE Standard/Extra during the TAMP period may continue seeing the same provider under TRS
- TRS members should ensure that the provider is still TRICARE authorized



TRICARE Retired Reserve

- TRICARE Retired Reserve (TRR) is a premium-based,
health plan available worldwide for purchase by
qualified
Retired Reserve members and their eligible
family members
- TRR delivers the TRICARE Standard/Extra
benefit to all
covered individuals



Qualifying for Coverage

- Each Guard/Reserve Component is responsible for validating a Retired Reserve member's qualifications for TRR and recording it in DEERS
- Retired National Guard/Reserve members may qualify to purchase TRR coverage if they are:
 - A member of the Retired Reserve of a Reserve Component who is qualified for non-regular retirement under 10 USC, Chapter 1223
 - Under the age of 60
 - Not enrolled, or eligible to enroll, in the Federal Employees Health



Qualifying for Coverage (continued)

- To qualify for and to purchase coverage, beneficiaries should:
 - Log on to the DMDC Reserve Component Purchased TRICARE Application at <https://www.dmdc.osd.mil/appj/reservetricare> and follow the instructions to qualify
 - A DoD Self-Service Logon, DFAS *myPay* login, or CAC is required
- If qualified, beneficiaries should:
 - Print the Reserve Component Health Coverage Request form (DD Form 2896-1)
 - Complete the request form, sign it and submit it to the regional/overseas contractor along with the appropriate initial premium



Purchasing Coverage

- TRR offers two types of coverage:
 - TRR member-only coverage
 - TRR member and family coverage
- The effective date of TRR coverage varies based on how and when the benefit is purchased



General Enrollment

- The member may purchase TRR coverage to begin in any month of the year
- The application form must be postmarked or received no later than the last day of the month before coverage is to begin
- Coverage begins on the first day of the first or second month
(whichever is selected on the form)



Loss of Other TRICARE Coverage

- If the member/family loses coverage under another TRICARE health care plan and qualifies for TRR, they may purchase TRR with no break in coverage
- The application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage
- TRR coverage begins on the day after loss of prior TRICARE coverage



Change in Family Composition

- If the composition of the sponsor's immediate family changes (*e.g., marriage, birth, adoption, death*), they may purchase TRR coverage
- The application form must be postmarked or received no later than 60 days after date of the change
- TRR coverage date coincides with the date of change



Survivor Coverage

- If TRR coverage is in effect when the sponsor passes away, qualified survivors may purchase or continue TRR coverage until the day the sponsor would have become eligible for retiree benefits (typically age 60)
- If TRR member-and-family coverage is in effect at the time of death:
 - DEERS will automatically convert TRR member-and-family coverage to TRR survivor coverage
 - If survivors do not want TRR survivor coverage, a written letter or a *Reserve Component Health Coverage Request Form (DD Form 2896-1)* must be postmarked or received no later than 60 days



Survivor Coverage (continued)

- If TRR member-only coverage is in effect at the time of death:
 - Eligible survivors may qualify to purchase TRR survivor coverage
 - See “Change in Family Composition” above if the survivor wants coverage to coincide with the date of sponsor’s death
 - Surviving family members who are eligible for (in their own right) or enrolled in the FEHB Program may still purchase TRR



Accessing Care

**TRR follows TRS
procedures**



TRR Costs

- TRICARE retiree Standard and Extra cost-shares, deductibles, and catastrophic caps apply
- Premiums are adjusted on an annual basis, effective January 1

Type of Coverage	Enrollment Year 2011 Jan 1, 2011 - Dec 31, 2011
TRR Member-only	\$408.01 per month
TRR Member-and-Family	\$1,020.05 per month

Annual Deductibles:

Fiscal Year Deductible for an Individual	Fiscal Year Deductible for a Family
\$150	\$300
\$150	\$300



TRR Outpatient Costs

- After meeting the annual outpatient deductible, the member/family pays:
 - Twenty percent (20%) of the contractor's negotiated rate for TRICARE-covered services received from a TRICARE network provider
 - In this case, TRICARE Extra cost shares apply
 - Twenty-five percent (25%) of the TRICARE allowable charge for covered services received from a non-network, TRICARE-authorized provider
 - In this case, TRICARE Standard cost shares apply



Disenrollment

Disenrollment occurs when:

- Member loses TRR eligibility
- Member turns 60 years of age
- Member becomes eligible for, or obtains Federal Employees Health Benefits (FEHB) Program coverage
- Member fails to pay premiums



Distinguishing Between TRS and TRR

	TRICARE Reserve Select	TRICARE Retired Reserve
Qualifying	<p>Must be a member of Selected Reserve of the Ready Reserve throughout entire period of coverage</p> <p>Must not become eligible for or obtain coverage under FEHB</p>	<p>Must be a retired member of the Retired Reserve of a Reserve Component who has not reached age 60</p> <p>Must not become eligible for or obtain coverage under FEHB</p>
Premium Rates (updated annually)	<p>Monthly rate: \$53.16 for member-only \$197.76 for member and family</p> <p>Minimum 1 month initial premium payment required</p>	<p>Monthly rate: \$408.01 for member-only \$1,020.05 for member and family</p> <p>Minimum 2 month initial premium payment required</p>
Survivor Coverage	<p>If sponsor dies while covered under TRS, the surviving family member(s) may purchase new or continue existing TRS coverage for up to six months beyond the date of the sponsor's death</p>	<p>If sponsor dies while covered under TRR, the surviving family member(s) may purchase new or continue existing TRR coverage until the date on which the deceased member would have turned 60 years of age</p>



TRS/TRR Contact Information

TRO-North

Health Net Federal Services, Inc.
TRS/TRR Enrollment
PO Box 870162
Surfside Beach, SC 29587-9762
1-800-555-2605
www.hnfs.net

TRO-South

Humana Military Healthcare
Services, Inc.
PO Box 105389
Atlanta, GA 30348-5389
1-800-298-3408
www.humana-military.com

TRO-West

TriWest Healthcare Alliance
PO Box 42048
Phoenix, AZ 85080-2048
(888) TRIWEST
(888) 874-9378
www.triwest.com

TRICARE Overseas

International SOS
Assistance, Inc.
TOP TRS/TRR Enrollments
PO Box 11689
Philadelphia, PA 19120
www.tricare-overseas.com



Congratulations! You Have Completed

the TRS/TRR Public Course

- **Describe TRICARE Reserve Select (TRS) and the eligibility requirements for coverage**
- **Explain how service members can transition from other types of TRICARE coverage to TRS**
- **Define TRICARE Retired Reserve (TRR) and the eligibility requirements for coverage**
- **Distinguish between TRS and TRR**

